

FORM-‘H’

Rule 71(1)

**APPLICATION FOR REGISTRATION OF ADDITIONAL
QUALIFICATION**

The Registrar
Gujarat State Pharmacy Council
Old Nursing College Building, Block No. - 4/A,
3rd Floor, Opp. Cancer Hospital, Gate No. - 6,
Asarwa, Ahmedabad - 380016.

Sir,

I request that the additional qualification of _____ which I have obtained from _____ to _____ may be registered. The diploma or Certificates of the Qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Pharmacy Act, 1948 and my Registration Number is _____.

The prescribed fee of Rs. _____ is sent _____ dated _____ the _____.

Yours faithfully,

(Signature of the Applicant)